

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10533,365

FILING DATE

4-29-05

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | 1- | | | |
| 2 | | | 1- | | | |
| 3 | | | | 1✓ | | |
| 4 | | | 1- | | | |
| 5 | | | 1- | | | |
| 6 | | | 1- | | | |
| 7 | | | 1- | | | |
| 8 | | | | 1✓ | | |
| 9 | | | | 1✓ | | |
| 10 | | | | 1✓ | | |
| 11 | | | 1- | | | |
| 12 | | | | 1✓ | | |
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| 40 | | | | 1✓ | | |
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| 42 | | | | 1✓ | | |
| 43 | | | 1- | | | |
| 44 | | | 1- | | | |
| 45 | | | 1- | | | |
| 46 | | | 1- | | | |
| 47 | | | | 1✓ | | |
| 48 | | | | 1✓ | | |
| 49 | | | 1- | | | |
| 50 | | | | 1✓ | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | ← | | ← | | ← | |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | 1- | | | |
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| 100 | | | | | | |
| TOTAL IND. | | ↓ | 22 | ↓ | | ↓ |
| TOTAL DEP. | ← | | 24 | ← | ← | |
| TOTAL CLAIMS | | | 46 | | | |